

**State of Hawaii**  
**HAZARD ASSESSMENT CERTIFICATION**

Department: \_\_\_\_\_

Job Title of Employee: \_\_\_\_\_

Division/Branch: \_\_\_\_\_

Position Number: \_\_\_\_\_

Baseyard: \_\_\_\_\_

Evaluated By (Print Name:): \_\_\_\_\_

Work Unit: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Location (island, city): \_\_\_\_\_

Duties: <sup>TM</sup> Mostly outdoors; <sup>TM</sup> Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection

Hazard Assessment; Type of protection required for tasks shown above:

- Base:
- ☐ Impact/compression
  - ☐ Metatarsal
  - ☐ Electrical
  - ☐ Sole Protection
  - ☐ Water resistant boots
  - ☐ Other \_\_\_\_\_

- Additional: ☐ High cut - height: 6"\_\_\_\_; 8"\_\_\_\_ ; Other: \_\_\_\_\_
- ☐ Slip resistant
  - ☐ Water resistant
  - ☐ Heat resistant (soles)
  - ☐ Fire resistant (welding)
  - ☐ Other \_\_\_\_\_

Impact and compression requirement: 30 \_\_\_\_\_, 50 \_\_\_\_\_, or 75 \_\_\_\_\_ .

Person certifying assessment: \_\_\_\_\_  
Print Name (if different from above)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date